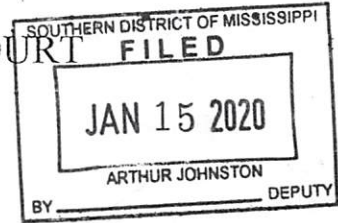


Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

## UNITED STATES DISTRICT COURT

for the

Southern District of MississippiNORTHERN Division

Case No.

3:20-cv-31-HTW-LRA

(to be filled in by the Clerk's Office)

Kevin Leigh Williams

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Management & Training Corporation, -v-East Mississippi Correctional FacilityMedical PersonnelSupervisor Respondants, Nurse Cutler, et al.Other John & Jane Doe Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

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**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Kevin Leigh Williams

All other names by which  
you have been known:

ID Number

T1193

Current Institution

East Mississippi Correctional Facility

Address

10641 Hwy. 80 WestMeridianMS.39307

City

State

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Supervisor Respondant(s)Job or Title (*if known*)Policy Makers / Maintain a safe & healthyShield Number N/Aenvironment for prisoners at the prison

Employer

Management & Training Corporation

Address

10641 Hwy. 80 WestMeridian,MS.39307

City

State

Zip Code

☒ Individual capacity☒ Official capacity

Defendant No. 2

Name

Nurse CutlerJob or Title (*if known*)To Assure Prompt medical attention / Treatment /Shield Number N/AReferrals)

Employer

Address

10641 Hwy. 80 WestMeridian,MS.39307

City

State

Zip Code

☒ Individual capacity☒ Official capacity

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## Defendant No. 3

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Shield Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

☐ Individual capacity☐ Official capacity

## Defendant No. 4

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Shield Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

☐ Individual capacity☐ Official capacity**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8<sup>th</sup> Amendment to the United States Constitution / Hazardous Conditions  
~~resulting~~ Resulting in Inmate assault

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Administration failed to control industrial Bleach & other chemicals adequately which resulted in a inmate assaulting me with bleach!

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Housing Unit 4-Delta, top tier at East Mississippi Correctional Facility  
On October 21<sup>st</sup>, 2019

Minutes later, Gregory Alford needed my opinion on something, so he asked me to come to his cell, in Cell 213 next to inmate Terry Faust's Cell Two (2) doors down, Cell 215 top tier, on my way to Alford's Cell, inmate Faust was standing outside his Cell looking at me as I climbed the stairs, so upon passing inmate Faust, I wasn't then paying any attention to him; after a few minutes, I then exited Alford's cell as he (Alford), was behind me walking towards Cell 215 inmate Faust's Cell to the stairs in the pod, and before I made it to the stairs, inmate Faust stated: "so you not going to pay me huh" as he was dashing bleach (industrial bleach) into my face & eyes, 'mostly in my left eye,' yet both, however, I did manage to run to someones cell that I have known since I was last incarcerated in a wrongful conviction case, where I was able to wash some of the bleach out of my face, eyes, and forehead, although it was difficult to wash my eyes out adequately!

~~5-A~~ 4-A

While I was during so, inmate Gregory Alford was reporting the incident to the Unit officers and he requested to go to Medical Care because some of the splashes of bleach got into his face and head, we were then put on lock down, and inmate Faust was escorted out in handcuffs for questioning. as the staff rep informed me that inmate Faust alleged to the Captain on Second shift that "I am the one who tried to throw bleach on him, but he hit my hand to block it and it got all over me," maybe 30 minutes later or more, I was then escorted to medical, upon entering medical, I was seen by Nurse Cutler as she had a body sheet in hand along with supply to check my pulse, blood pressure, etc., she began to question me about what happened as Nurse J. Johnson walked up to me with a flashlight as he looked into my eyes with it stating "he did get hit in the eyes, its very red and watering up,

5-B 4-B

got my eyes watering up too," as he departs from Mrs. Cutler and I, Mrs. Cutler was writing as he spoke on bleach in my eyes, she (nurse Cutler) questioned me more about where did bleach get on me, she was fully informed of my injuries as they were noticable upon percervance, during the questionnaire of injuries, I stated to Nurse Cutler: "I still feel pressure behind my eye (left eye) and it drains & burns while during so, ~~ad~~ and I can smell the bleach as I drains past my nostril and it is draining as I speak," Nurse Cutler then stated: "Just keep rinsing it with water in your cell, cold water not hot or warm, just cold water," I then asked the nurse, "is it anything here to better help me rinse my eyes," she then stated: "You will have to fill out a sick call form and you will be charged when they see you," I then hurried into inmate restroom to try and put water into my eye as it drained bleach & burning my eye while during so; I then reported to Captain Stevens



as I was escorted to her office upon S.O.P., Captain Stevens was concerned about my skin peeling off of my face more, upon taking a shower, so she felt that I needed medical attention at a Outside hospital, so Captain then called to the Medical department at here at (E.M.C.F.) to ask if they think that I need medical attention at an Outside hospital, my guess is that she talked to Nurse Cutler, and she told her I did not need medical attention from an outside hospital, Captain Stevens then took pictures of the injuries I sustained due to industrial bleach being thrown into my face, eyes, and head. Based on information & belief several inmates from different pods & units informed me that another incident ~~similar~~ similar to mine, happened before in the month of August or September 2019 on the same unit, just on another pod, and I believe that information to be true, and the same threat lingers in the atmosphere!

~~5-D~~ 4-D



C. What date and approximate time did the events giving rise to your claim(s) occur?

October, 21<sup>st</sup>, 2019, between the hours of 7:30 and 8:30 PM.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Pure industrial bleach was thrown into my face by inmate Terry Faust  
 No other persons were involved, and inmate Gregory S. Alford  
 witnessed it all, as it should be on camera footage also!  
 Also, ~~Captain has photos of~~  
(Photos were taken as well by Captain: Stevens)

#### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

*next day!*  
 I received no medical care at EMCF the same night, L.P.N. Mrs Whitehead referred me the  
 My Face, in various areas displayed a significant chemical burn, with  
 my eyes as the same, the next day I received special eyedrops, a tinnitis  
 shot and tripple antibiotic ointment along with something called sab or sas, also  
 a referral to an eye specialist from Rush hospital in Meridian, also a numbing  
 agent was put into my left eye for pain at the specialist, a two week follow-up,  
 and another appointment with EMCF's eye specialist and, I wear glasses from injury  
 Relief with an astigmatism in my right eye already.

#### VI.

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Plaintiff seeks compensatory damages in the amount of 50,000 against Nurse Cutter  
 Plaintiff seeks compensatory damages in the amount of 100,000 against Nurse  
 Supervisory Respondants  
 Plaintiff seeks punitive damages in the amount of 10,000. against each  
 defendant, jointly and severally, Plaintiff also seeks a jury trial on all issues  
 triable by jury, and recovery of his cost in this suit, and any additional relief  
 this court deems just, proper, and equitable.

The failure of defendant nurse Cutler to provide and/or recommend outside medical care to plaintiff Williams constitutes deliberate indifference to the plaintiff's serious medical needs in violation of the Eighth Amendment to the United States Constitution.

The failure of defendant Supervisor Respondant to perform their duty to keep the inhabitants in the prison safe from a dangerous environment contributed to plaintiff's assault and injuries constituted an Eighth Amendment violation to the United States Constitution, and caused Plaintiff Williams pain, suffering, physical injury and emotional distress.

Plaintiff Williams has no plain, adequate or complete remedy at law to redress the wrongs described herein. Plaintiff has been and will continue to be irreparably injured by the conduct of the defendants unless this court grants relief which plaintiff seeks.

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

*East Mississippi Correctional Facility C/O Management & Training Corporation*

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

E.M.C.F. Correctional Facility

2. What did you claim in your grievance?

The Administration (Supervisor Respondants) and Medical Staff Violated my rights

3. What was the result, if any?

My Administration Remedy Program (A.R.P.) form was <sup>66</sup>REJECTED<sup>19</sup>

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I was not told to take any further actions, I assumed the process was final by my understandings

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

#### VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

\_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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☒ Yes☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

Kevin Leigh Williams # T1193 et al.

Defendant(s)

~~Supervisor Respondants~~ Hinds County Board of Supervisors et al.

2. Court (if federal court, name the district; if state court, name the county and State)

NORTHERN Division, Southern District of Mississippi

3. Docket or index number

3:17cv-508-TSL-LRA

4. Name of Judge assigned to your case

Now it is Hon. Linda R. Anderson upon consent

5. Approximate date of filing lawsuit

June, 2017, not sure of the day of June.

6. Is the case still pending?

☒ Yes

☐ No

If no, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A



- 1 Kevin Leigh Williams # T1193 et al. (Plaintiffs)  
Lieutenant James Steffen et al. (Defendants)
  - 2 Northern Division, Southern District of Mississippi
  3. 3:18-cv-292 - CWR - FKB
  4. Now it is Hon. Frank Keith Ball upon consent
  5. Pre-dated April 27, 2018, not sure when submitted.
  6. Pending
  7. N/A
- 

1. Kevin Leigh Williams, # T1193, et al. (Plaintiff)  
Lieutenant first name unknown Harold, et al (Defendants)
2. Circuit Court of PIKE County, Mississippi
3. 014-072-PLS
4. Hon. STRONG
5. Do not recall Month & day, as the year was 2014
6. Still pending as of now
7. N/A

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

01/01/2020

Signature of Plaintiff

Kevin Williams

Printed Name of Plaintiff

Kevin L. Williams

Prison Identification #

T1193

Prison Address

10641 Hwy. 80 WestMeridian,  
CityMS.  
State39307  
Zip Code**B. For Attorneys**

Date of signing:

\_\_\_\_\_

Signature of Attorney

\_\_\_\_\_

Printed Name of Attorney

\_\_\_\_\_

Bar Number

\_\_\_\_\_

Name of Law Firm

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Telephone Number

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

STATE OF MISSISSIPPI

COUNTY OF LAUDERDALE

AFFIDAVIT

PERSONALLY, appeared before me the undersigned jurisdiction, being duly sworn by me does depose and state the following:

I, Kevin Leigh Williams, do hereby state that the following is true and correct to the best of my belief and knowledge.

†

ALLEGED FACTS

†

On or about the 21<sup>st</sup> day of October, 2019, between the hours of 7:30 PM and 8:30 PM, "Industrial Bleach" was thrown onto my face by an inmate at the East Mississippi Correctional Facility by the name of Terry Faust, with information based on "bleach," as I believe to be true that this is a bleach free facility, however, an incident of this nature, yet more brutal, happened prior to my person being assaulted; at the facility's medical provider inside thereof, I was denied prompt medical care for my known injuries, as my face and eyes were noticeably altered from a substantial chemical burn, yet I was denied prompt medical care of any kind, neither was I afforded the opportunity to be transported to <sup>an</sup> outside hospital.

Signed, this the 9<sup>th</sup> day of January, 2020

Kevin Leigh Williams

AFFIANT

Sworn TO AND SUBSCRIBED BEFORE ME, this the 9<sup>th</sup> day of January, 2020

Marie B. Grady  
NOTARY PUBLIC



MY COMMISSION EXPIRES:

Sept. 24, 2020